

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
FGM Sports
Killeen, TX United States

Certificate Number:
2020-610302

Date Filed:
04/21/2020

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
City Of Killeen

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
46-2488387
Youth Sports Officiating and Scorekeepers

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	FGM Sports	Killeen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Fritz G Miller, and my date of birth is 05/06/1970

My address is 4607 A Skyflower Ln, Killeen, Tx, 76549, Bell.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Bell County, State of TX, on the 14th day of May, 20 20.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
 2020-610302

Date Filed:
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Date Acknowledged:
 05/14/2020

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 Youth Sports Officiating and Scorekeepers

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			Controlling	Intermediary
	FGM Sports	Killeen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)